PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

Under the Paperwork Red	duction Act of 1995.	no person are required to	U.S. Pater	nt and Trade	mark Office; U.S. DEI ation unless it displays	PARTMENT OF (COMMERCE ntrol number		
			respond to a collection of information unless it displays a valid OMB control number Complete if Known						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/719,739						
FEE TRANSMITTAL			Filing Date		November 20, 2003				
			First Named Inventor		Tomoki ONO				
For FY 2005			Examiner Name		S. Rao				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2814				
TOTAL AMOUNT OF PAYMENT (\$) 910.00			Attorney Docket No. 24540200800)			
METHOD OF PAYME	NT (check all the	at apply)							
Check Credit	Card Mo	oney Order No	one Other	(please ide	ntify):				
X Deposit Account De	eposit Account Number	r: 03-1952 Deposit Ac	count Name:	Me	orrison & Foerst	er LLP			
For the above-ide	entified deposit ac	count, the Director i	s hereby authoriz	zed to: (ch	eck all that apply)				
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
	additional fee(s) er 37 CFR 1.16 a	or underpayment of nd 1.17	x Credi	t any over	payments		•		
FEE CALCULATION		•							
1. BASIC FILING, SEAR	•								
	FILING	i FEES SE imall Entity	ARCH FEES Small Entity		NATION FEES Small Entity				
Application Type	Fee (\$)	Fee (\$) Fee (\$		Fee (\$)		Fees Pai	d (\$)		
Utility	300	150 500	250	200	100				
Design	200	100 100	50	130	65				
Plant	200	100 300	150	160	80				
Reissue	300	150 500	250	600	300				
Provisional	200	100 0	- 0	0	0				
2. EXCESS CLAIM FEES	;						nall Entity		
Fee Description						<u>Fee (\$)</u>	Fee (\$)		
Each claim over 20 (incl	•	D · · · ·				50	25		
Each independent claim	-	g Reissues)				200	100		
Multiple dependent clain			D-14(A)	_		360	180		
			Paid (\$) 0.00	_	Muitiple Depende	Fee Paid (\$)			
18 -20=	x	<u> </u>	<u> </u>	_	<u>ee (\$)</u> 60.00	0.00			
Indep. Claims Ext	ra Claims Fe	e (\$) Fee	Paid (\$)						
1 -3=	0 × 20		0.00						
3. APPLICATION SIZE F									
If the specification and									
listings under 37 CF.					entity) for each a	dditional 50			
sheets or fraction the					Foo (\$)	Eag Da	i4 (\$)		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 (round up to a whole number) x 250.00					<u>Fee Paid (\$)</u> = 0.00				
4. OTHER FEE(S)			_ vocate up to a wi			Fees Pa			
Non-English Specific	ation, \$130 fee	(no small entity disc	count)						
Other (e.g., late filing	surcharge): 180	01 Request for cor	ntinued examin			790. 120.			
1251 Extension for response within first month									

SUBMITTED BY							
Signature	SCC_	Registration No. (Attorney/Agent)	51,543	Telephone	(650) 813-5616		
Name (Print/Type)	Thomas Chan			Date	August 1, 2005		